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CLIENT/MATTER NO.: 26965-0878

DATE: Monday, December 19, 2005 09:19:18 AM

TO THE FOLLOWING:

NAME: Examiner William C. Jung

COMPANY: USPTO

FACSIMILE NO.: 1 571 273-8300

COMPANY NO.:

FROM: Steven H. Noll

DIRECT DIAL NO.: 312.258.4968

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COMMENTS:

2000 P0 8514 US - Beuthan et al. - AMENDMENT "A" UNDER 37 C.F.R. 116
P01,0031 - USSN 09/775,070 METHOD AND APPARATUS FOR ARTHRITIS
DIAGNOSIS - MAIL STOP AF

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TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

IN RE APPLICATION OF:

Beuthan et al.

CONFIRMATION NO.: 8016

SERIAL NO.:

09/775,070

GROUP ART UNIT: 3737

FILED:

February 1, 2001

EXAMINER: William C. Jung

TITLE:

"METHOD AND APPARATUS FOR ARTHRITIS DIAGNOSIS"
AMENDMENT "A" UNDER 37 C.F.R. §1.116

MAIL STOP AT

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*39	MINUS	**39	X	() X 25.00 () X 50.00	
INDEP. CLAIMS	*3	MINUS	3	X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

- ** If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.
- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached.
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

BY Steven H. Noll (28,982)

I hereby certify this correspondence is being transmitted by facsimile on December 19, 2005 by transmittal to telefax no. (571) 273-8300.

Steven H. Noll
NAME OF APPLICANT'S ATTORNEY
Steven H. Noll
SIGNATURE
December 19, 2005
DATE

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IN RE APPLICATION OF: Beuthan et al.

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SCHIFF, HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

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Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

December 19, 2005

DATE

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**RECEIVED
CENTRAL FAX CENTER****DEC 19 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****AMENDMENT "A" UNDER 37 C.F.R. §1.116**

APPLICANT: Juergen BEUTHAN et al **GROUP ART UNIT:** 3737
SERIAL NO.: 09/775,070 **EXAMINER:** William C. Jung
FILED: February 1, 2001 **CONFIRMATION NO.:** 8016
TITLE: "METHOD AND APPARTUS FOR ARTHRITIS"

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Alexandria, Virginia 22313-1450

S I R:

In response to the Office Action dated September 22, 2005, Applicants
herewith amend the application as follows.